

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF NEBRASKA

CHRISTINE M. GOOD-COGGINS,)
Surviving Spouse and Special)
Administrator of the Estate)
of DANIEL M. COGGINS,)
Deceased,)
Plaintiff,)
vs.)
UNITED STATES OF AMERICA -)
DEPARTMENT OF VETERANS)
AFFAIRS,)
Defendant.)

CASE NO. 8:09cv133

COMPLAINT

U.S. DISTRICT COURT
DISTRICT OF NEBRASKA
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OFFICE OF THE CLERK
FILED

The plaintiff, Christine M. Good-Coggins (a/k/a Christine M. Good), states as follows:

1. She is the surviving spouse of Daniel M. Coggins, and the Special Administrator of the Estate of Daniel M. Coggins, having been appointed by the County Court of Douglas County, Nebraska.

2. Jurisdiction in this matter is based upon 28 U.S.C. §1345(b) and 28 U.S.C. §§2671.2680, commonly known as the Federal Tort Claims Act.

3. As required by statute, Daniel M. Coggins, initially presented his claim for personal injury on a Standard Form 95 with the defendant by mailing his claim to the Department of Veterans Affairs, Office of General Counsel, 810 Vermont Ave. N.W., Washington D.C. 20420 on March 21, 2007. This claim was received on March 22, 2007, and was assigned the claim number

GCL-657S-54369. A copy of the claim and acknowledgment and receipt thereof are attached hereto as Exhibit 1 and incorporated herein by reference.

4. That on March 29, 2007, Daniel M. Coggins passed away and Christine M. Good-Coggins, as the Special Administrator of the estate of her late husband, Daniel M. Coggins, filed an amended claim for personal injury and wrongful death with the defendant by mailing an amended Standard Form 95 to the Department of Veterans Affairs, Office of General Counsel, 810 Vermont Ave. N.W., Washington D.C. 20420 on July 5, 2007. A copy of the amended claim is attached hereto as Exhibit 2 and incorporated herein by reference.

5. On October 15, 2008, the Department of Veterans Affairs sent plaintiff notice that it had completed its investigation of the Tort Claim that had been filed on March 22, 2007, and that the claim was being denied. A copy of the denial is attached hereto as Exhibit 3 and incorporated herein by reference.

6. On March 20, 2009, after contacting the undersigned counsel, Christine M. Good-Coggins, as the Special Administrator of the estate of her late husband, Daniel M. Coggins, filed a claim with the defendant by mailing a Standard Form 95 to the Department of Veterans Affairs, Office of Regional Counsel, 4101 Woolworth Avenue, Bldg. 3, Omaha, NE 68105. The claim was received by the Department of Veterans Affairs and was assigned the same claim number, GCL-657S-54369. A copy of this claim,

acknowledgment and receipt thereof are attached hereto as Exhibit 4 and incorporated herein by reference.

7. Plaintiff, Christine M. Good-Coggins, is a resident of Omaha, Douglas County, Nebraska. On March 29, 2007, Daniel M. Coggins died. At the time of his death, Daniel M. Coggins was a resident of Omaha, Douglas County, Nebraska, and a citizen of the United States. Further, at all times relevant to this action, the decedent, Daniel M. Coggins, was not a member of the Armed Forces of the United States of America.

8. Beginning on March 2005, when Daniel M. Coggins was admitted as a patient to the Veterans Administration Hospital in Omaha, Douglas County, Nebraska (hereinafter referred to as the "V.A. Medical Center") for an attempted right ankle fusion, and continuing through March 2006, Daniel M. Coggins received care and treatment from agents and employees of the V.A. Medical Center for a variety of medical reasons, including, but not limited to, right leg below the knee amputation, operative procedures, infections, chronic physical pain, difficulty sleeping and depression.

9. On March 27, 2007, Daniel M. Coggins was seen by medical personnel employed by the V.A. in an attempt to re-establish care with the V.A. Medical Center. On that date, Daniel M. Coggins gave a history of his medical condition and medications and complained of chronic low back pain and

difficulty sleeping. At the conclusion of this appointment, the medical personnel at the V.A. Medical Center prescribed medications for Daniel M. Coggins, including medications for pain and depression.

10. On the morning of March 29, 2007, Daniel M. Coggins was found unresponsive in his home. The cause of death of Daniel M. Coggins was determined to be mixed drug toxicity.

11. The agents and employees of the defendant V.A. Medical Center were negligent in their care and treatment of Daniel M. Coggins in each and all of the following respects:

- a) In failing to properly evaluate and care for Daniel M. Coggins when he was seen on March 27, 2007;
- b) In failing to prescribe the correct medications to Daniel M. Coggins on March 27, 2007; and
- c) In failing to provide instructions on the proper dosage of the medications that were prescribed to Daniel M. Coggins on March 27, 2007.

12. As a direct and proximate result of the negligence of the agents and employees of the V.A. Medical Center, the estate of Daniel M. Coggins has incurred the following by way of damages:

- a) Pain and suffering sustained by Daniel M. Coggins from March 27, 2007, up until the time of his death on March 29, 2007;
- b) Funeral and burial expenses;
- c) Pecuniary loss sustained by the heirs and next of kin of Daniel M. Coggins by way of financial

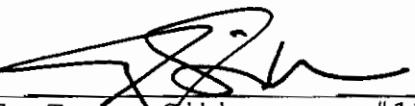
support, loss of love, society, and affection.

WHEREFORE, plaintiff prays for judgment against the defendant as follows:

A) For special damages, together with general damages in the amount of \$1,750,000.00, and for the costs of this action; and

B) For other damages that are reasonable and proper.

CHRISTINE M. GOOD-COGGINS,
Surviving Souse and Special
Administrator of the Estate of
DANIEL M. COGGINS, Deceased,
Plaintiff

By: 

E. Terry Sibbernson #13826
Andrew D. Sibbernson #22969
SIBBERNSEN & STRIGENZ, P.C.
1111 N.102nd Court, #330
Omaha, NE 68114
(402) 493-7221

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.			FORM APPROVED OMB NO. 1105-0008
1. Submit To Appropriate Federal Agency: <i>Department of Veterans Affairs Office of General Counsel 810 Vermont Ave. NW Washington D.C. 20420</i>		2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) <i>Daniel M. Coggins c/o The Law Offices of Doug White, PC 1904 Farnam St., Ste. 620 Omaha NE 68102</i>			
3. TYPE OF EMPLOYMENT	4. DATE OF BIRTH	5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. or P.M.)	
<input checked="" type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN	6-7-64	D	Friday 3-25-05 to 10-1-05	App. 9:50 AM	
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.) <i>See Attached Sheet</i>					
9. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code) <i>None</i>					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.) <i>None</i>					
10. PERSONAL INJURY/WRONFUL DEATH STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM, OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEDENT. <i>See Attached Sheet</i>					
11. WITNESSES NAME ADDRESS (Number, street, city, State, and Zip Code) <i>Christine Good 13318 Woolworth Ave Omaha, NE 68144</i>					
12. (See instructions on reverse) AMOUNT OF CLAIM (in dollars)					
12a. PROPERTY DAMAGE <i>None</i>	12b. PERSONAL INJURY <i>\$ 5,000,000.00</i>	12c. WRONGFUL DEATH <i>None</i>	12d. TOTAL (Failure to specify may cause forfeiture of your rights.) <i>\$ 5,000,000.00</i>		
I CERTIFY THAT THE AMOUNT OF CLAIM ABOVE IS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.) <i>Christine M. Good-Coggins POA</i>			13b. Phone number of signatory <i>(402)333-3594</i>	14. DATE OF CLAIM <i>March 21, 2009</i>	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)		
The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)					



PRIVACY ACT NOTICE

This Notice is provided in accordance with the Privacy Act, 5 U.S.C. 552a(e)(3), and concerns the information requested in the letter to which this Notice is attached.

A. **Authority:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 36 U.S.C. 501 et seq., 28 U.S.C. 2671 et seq., 28 C.F.R. Part 14.

B. **Principal Purpose:** The information requested is to be used in evaluating claims.

C. **Routine Use:** See the Notices of Systems of Records for the agency to whom you are submitting this form for this information.

D. **Effect of Failure to Respond:** Disclosure is voluntary. However, failure to supply the requested information or to execute the form may render your claim "invalid".

INSTRUCTIONS

Complete all items - insert the word **NONE** where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF

PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in Item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in Item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden,

to Director, Torts Branch
Civil Division
U.S. Department of Justice
Washington, DC 20530

and to the
Office of Management and Budget
Paperwork Reduction Project (1105-0008)
Washington, DC 20503

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? Yes, if yes, give name and address of insurance company (Number, street, city, State, and Zip Code) and policy number. No

N/A - None - Not a property case

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

17. If deductible, state amount

N/A - None - Not a property case

N/A - None

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

N/A - None - Not a property case

19. Do you carry public liability and property damage insurance? Yes, if yes, give name and address of insurance company (Number, street, city, State, and Zip Code) No

N/A - None - Not a property case

#8. Basis of Claim

Daniel Coggins was injured during the Gulf War in approximately 1990-1991 and subsequently developed posttraumatic arthritis and was eventually treated with ankle arthrodesis. Dan had an ankle fusion but the final fusion position was in plantar flexion, meaning that there was flexion at the ankle joint causing his right foot to be bent downward. He then had a multiplanar osteotomy. After this the hardware was removed because it was symptomatic hardware. However, Dan developed a non-union (in which the bone fracture healing stops short of full union). This was extremely painful and Dan went to the Emergency Department at the VA Medical Center in Omaha, Nebraska and it was determined that there was a non-union.

At the VA Medical Center in Omaha (hereinafter "VAMC Omaha), Mr. Coggins underwent another multiplanar osteotomy and attempted ankle fusion on March 25, 2005. The physicians were Dr. Matt Mormino and Dr. Ivan Tarkin. Again, Mr. Coggins developed a non-union with a deep infection. On April 20, 2005, at the VAMC Omaha, Mr. Coggins had a Groshong catheter placed in his chest for IV antibiotics in order to combat the infection and the resulting ankle abscess. The infection was still present on or about May 25, 2005 when Mr. Coggins again presented at the VAMC Omaha as his first Groshong catheter had ruptured and a new one was inserted in his body.

On July 30, 2005, Mr. Coggins presented at the VAMC Omaha after being seen at a local hospital approximately two weeks earlier with draining wounds from his right lower extremity and bacteremia. He was advised at that time that his only option was a right below-the-knee amputation. Blood cultures were taken and were positive for *Klebsiella pneumoniae*, *Enterobacter faecalis*, *lactobacillus SP*, and *candida albicans*. *Klebsiella pneumoniae* and *Enterobacter faecalis* were also present in his central (Goshong) line when that was removed and cultured. On August 4, 2005, Mr. Coggins right leg was amputated below the knee. The physicians were Dr. Mark Dietrich (Orthopaedics) and Dr. Matthew A. Mormino (approving physician). Mr. Coggins was discharged four (4) days after the removal of his lower right leg and foot.

Since that date, infections have persisted in Mr. Coggins' body. This "illness" (according to Dr. Steven E. Rademacher of Consultants In Infectious Disease LLC) is characterized by nodular and ulcerative skin lesions with the nodular lesions, purplish to black in color, due to a disseminated skin infection with the *Mycobacterium abscessus*. Dr. Rademacher suspects that this bacterium was from a line-related infection (found in the Goshong line culture in July 2005) that disseminated through the blood stream. Mr. Coggins has the lesions all over his body, including his face, neck, torso and extremities. Mr. Coggins has been on medication for these lesions since November 2005 but they are still present and growing.

It is apparent that the physicians and staff at the VAMC Omaha failed to practice proper infection control and failed to maintain a sterile environment during Mr. Coggins' procedures, beginning with the March 25, 2005 multiplanar osteotomy and attempted ankle fusion. This continued with the insertion of the Goshong lines. In addition, the

#8. Basis of Claim Cont.

staff and physicians failed to detect the infections and then failed to adequately address and treat the infections, leading the amputation of Mr. Coggins' leg and the on-going and current infections spreading throughout his body.

#10. Nature and Extent of Each Injury

Daniel Coggins underwent a multiplanar osteotomy and attempted ankle fusion at the VAMC Omaha. As a result of this surgery, Mr. Coggins developed bacterial infections such as klebsiella pneumoniae, Enterobacter faecalis, lactobacillus SP, and candida albicans. Mr. Coggins developed ankle abscess. In order to stop the spread of infection, Mr. Coggins right leg was amputated below the knee.

In addition, Mr. Coggins, in April 2005, at the VAMC Omaha, had a Groshong catheter placed in his chest for IV antibiotics in order to combat the infection and the resulting ankle abscess. In May 2005, it was discovered that the Groshong catheter had ruptured and a new one was inserted. In July 2005,

Daniel Coggins was injured during the Gulf War in approximately 1990-1991 and subsequently developed posttraumatic arthritis and was eventually treated with ankle arthrodesis. Dan had an ankle fusion but the final fusion position was in plantar flexion, meaning that the there was flexion at the ankle joint causing his right foot to be bent downward. He then had a multiplanar osteotomy. After this the hardware was removed because it was symptomatic hardware. However, Dan developed a non-union (in which the bone fracture healing stops short of full union). This was extremely painful and Dan went to the Emergency Department at the VA Medical Center in Omaha, Nebraska and it was determined that there was a non-union.

At the VA Medical Center in Omaha (hereinafter "VAMC Omaha), Mr. Coggins underwent another multiplanar osteotomy and attempted ankle fusion on March 25, 2005. The physicians were Dr. Matt Mormino and Dr. Ivan Tarkin. Again, Mr. Coggins developed a non-union with a deep infection. On April 20, 2005, at the VAMC Omaha, Mr. Coggins had a Groshong catheter placed in his chest for IV antibiotics in order to combat the infection and the resulting ankle abscess. The infection was still present on or about May 25, 2005 when Mr. Coggins again presented at the VAMC Omaha as his first Groshong catheter had ruptured and a new one was inserted in his body. On or about July 30, 2005, blood cultures taken from the Groshong central line revealed the presence of Klebsiella pneumoniae and Enterobacter faecilis. These bacteria have continued to spread throughout his body, despite the leg amputation as the central line was placed in Mr. Coggins chest.

Mr. Coggins has lost his lower right leg and continues to battle infections, which have developed into purplish and black lesions, all over his body. He is in constant pain. In addition, he has accrued medical bills from several medical facilities, including Alegent Health Bergan Mercy (Omaha), University of Nebraska Omaha, Bryan LGH (Lincoln) and Immanuel Hospital (Omaha). Please note that Mr. Coggins, through Christine Good (who has his Power of Attorney), has tried to get his medical bills/charges but has only been successful as to Bryan LGH. The bills for this one visit total \$36,916.65. Please note that Mr. Coggins has now hired an attorney who will be more successful as to those medical bills/charges but he was hired only within the last two weeks.

Mr. Coggins will require future medical treatments to control his infection and maintain treatment for his amputated limb. This includes medication to fight infections and to control his pain. Mr. Coggins is still in extreme pain and can expect to suffer pain for the rest of his life. Also, it will be extremely difficult for Mr. Coggins to find gainful employment in the manual labor areas due to his disability.

DURABLE POWER OF ATTORNEY

I, Daniel Michael Coggins, social security number #051-62-0738, DOB 06/07/1964, Principal, a domiciliary of Douglas County, Nebraska desire and intend to establish a Power of Attorney operative under the Nebraska Short Form Act and hereby appoint, constitute, and designate my wife, Christine M. Good-Coggins, social security number #543-74-9489, DOB 11/09/1960, of Omaha, Nebraska, as the lawful and true agent and attorney in fact for me as Principal and I, as Principal, do hereby further provide and stipulate in connection therewith as follows:

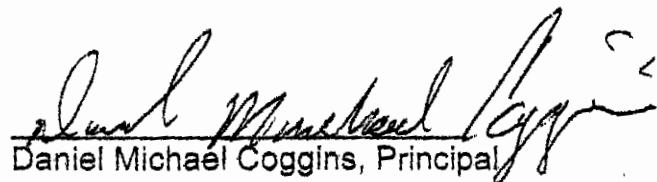
1. This Power of Attorney is a Durable Power of Attorney.
2. By this Power of Attorney, I, as Principal, confer upon and grant to Christine Good-Coggins, Agent
(X) Plenary Power nd (initials)
or
() Plenary Power Subject to Limitations, exclusive of General Powers for Domestic and Personal Concerns and for Fiduciary Relationships and
() No Other Restrictions
or
() Other Restrictions: _____; or
() General Power for Bank and Financial Transactions
() General Power for Business Interests
() General Power for Chattels and Goods
() General Power for Disputes and Litigation
() General Power for Domestic and Personal Concerns
() General Power for Fiduciary Relationships
() General Power for Governmental and Other Benefits
() General Power for Insurance Coverage and Policies
() General Power for Proprietary Interests and Materials
() General Power for Real Estate
() General Power for Securities
() General Power for Records, Reports, and Statements

3. By this power of Attorney, I, as Principal, make the following additional provisions:

None _____ (initials)

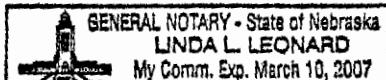
4. This Power of Attorney revokes and supersedes all prior executed instruments of like import and remains operative until revoked.

EXECUTED AT Omaha, Douglas County,
(CITY) (COUNTY)
NE, on 27th of February, 20 07.
(STATE) (DATE)


Daniel Michael Coggins, Principal

STATE OF NEBRASKA)
) ss.
COUNTY OF DOUGLAS)

The foregoing instrument was acknowledged before me on the 27th day of
February, 2007, by the Principal, Daniel M. Coggins.





Notary Public



DEPARTMENT OF VETERANS AFFAIRS

OFFICE OF REGIONAL COUNSEL

1 JEFFERSON BARRACKS DRIVE

SAINT LOUIS, MISSOURI 63125

TELEPHONE: (314) 845-5050

FACSIMILE: (314) 845-5057

March 27, 2007

In Reply Refer To: GCL-657S-54369

Douglas D. White
Attorney at Law
The Law Offices of Doug White, P.C., L.L.O.
1904 Farnam Street
Suite 620
Omaha, Nebraska 68102

SUBJ: Administrative Tort Claim
Claimant: Christine M. Good
Veteran: Daniel M. Coggins

Dear Mr. White:

On March 22, 2007, this office received the Standard Form 95 claim, dated March 21, 2007, you submitted to the Department of Veterans Affairs, Office of General Counsel, Washington, D.C., for your client, Christine M. Good, on behalf of Daniel M. Coggins. The claim is for the total amount of \$5,000,000.00.

A claim presented by a legal representative should be presented in the name of the claimant as you have done. However, if the claim is presented by a legal representative it should be accompanied by evidence of his/her authority to present a claim on behalf of the claimant. **Please submit this evidence, as soon as possible, stating so, and signed by your client.**

We have begun our investigation of your clients' claim and will contact you in the near future regarding any additional information that may be required. Under the Federal Tort Claims Act, the government is allowed six (6) months to administratively investigate these claims; after that the claimant may file suit. If the claim is denied by the government, suit must be filed within six (6) months or the suit will be barred.

Please be aware that 28 U.S.C. section 2678 prohibits an attorney fee in excess of 20% of any award, compromise, or settlement of an administrative claim filed pursuant to the Federal Tort Claims Act and further limits attorney fees to 25% following the filing of a lawsuit. A copy of section 2678 is attached for your convenience.

Page 2

Douglas D. White, Attorney at Law
SUBJ: Administrative Tort Claim—Daniel M. Coggins

Should you have any questions, please contact this office at (314) 845-5050.

Sincerely,

J. PATRICK WIESE
Regional Counsel

By:
~~ELIZABETH MARTIN~~
Staff Attorney

Enclosure

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Please read carefully the instructions on the reverse side and supply information requested on both sides of the form. Use additional sheet(s) if necessary. See reverse side for additional instructions.			FORM APPROVED OMB NO. 1105-0008
1. Submit To Appropriate Federal Agency: Department of Veterans Affairs Office of General Counsel 810 Vermont Ave. Washington, D.C. 20420		2. Name, Address of claimant and claimant's personal representative, if any. (See instructions on reverse.) (Number, street, city, State and Zip Code) Daniel M. Coggins, via Christine Good, P.R. c/o The Law Offices of Doug White 1904 Farnam St., Ste. 600 Omaha NE 68102			
3. TYPE OF EMPLOYMENT: 4. DATE OF BIRTH		5. MARITAL STATUS	6. DATE AND DAY OF ACCIDENT	7. TIME (A.M. or P.M.)	
<input checked="" type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN		6-7-64	D		
8. Basis of Claim (State in detail the known facts and circumstances attending the damage, injury, or death, identifying persons and property involved, the place of occurrence and the cause thereof) (Use additional pages if necessary.)					
<p>This is an amended claim. The claimant passed away on 3-29-07 due to the neglect of the physicians and staff at the VAMC Omaha. This amendment incorporates all information contained in the original claim with the only changes being to the type of claim, additional basis for claim, sections 6, 7, and 12 and 10.</p>					
9. PROPERTY DAMAGE					
NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)					
None					
BRIEFLY DESCRIBE THE PROPERTY, NATURE AND EXTENT OF DAMAGE AND THE LOCATION WHERE PROPERTY MAY BE INSPECTED. (See instructions on reverse side.)					
None					
10. PERSONAL INJURY/WRONFUL DEATH					
STATE NATURE AND EXTENT OF EACH INJURY OR CAUSE OF DEATH, WHICH FORMS THE BASIS OF THE CLAIM, IF OTHER THAN CLAIMANT, STATE NAME OF INJURED PERSON OR DECEASED.					
<p>Claimant is still awaiting the coroner's report. The VAMC provided the wrong medication to decedent and/or provided written instructions advising decedent to ingest the wrong dose of medications. In the alternative, the pain caused by the negligence of VAMC & the physicians to decedent taken his own life.</p>					
11. WITNESSES					
NAME		ADDRESS (Number, street, city, State, and Zip Code)			
Christine Good		13318 Woolworth Ave. Omaha, NE 68144			
12. (See instructions on reverse)					
AMOUNT OF CLAIM (In dollars)					
12a. PROPERTY DAMAGE	12b. PERSONAL INJURY	12c. WRONGFUL DEATH	12d. TOTAL (Failure to specify may cause forfeiture of your rights.)		
None	\$ 2,500,000.00	\$ 2,500,000.00	\$ 5,000,000.00		
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM.					
13a. SIGNATURE OF CLAIMANT (See instructions on reverse side.)			13b. Phone number of signatory	14. DATE OF CLAIM	
Christine M. Good			(402)333-3594	July 5, 2007	
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM			CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS		
<p>The claimant shall forfeit and pay to the United States the sum of \$2,000 plus double the amount of damages sustained by the United States. (See 31 U.S.C. 3729.)</p>					
<p>Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 18 U.S.C. 287, 1001.)</p>					

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INSTRUCTIONS

Complete all items - Insert the word **NONE** where applicable

A CLAIM SHALL BE DEEMED TO HAVE BEEN PRESENTED WHEN A FEDERAL AGENCY RECEIVES FROM A CLAIMANT, HIS DULY AUTHORIZED AGENT, OR LEGAL REPRESENTATIVE AN EXECUTED STANDARD FORM 95 OR OTHER WRITTEN NOTIFICATION OF AN INCIDENT, ACCOMPANIED BY A CLAIM FOR MONEY DAMAGES IN A SUM CERTAIN FOR INJURY TO OR LOSS OF

Any instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in Item #1 on the reverse side. Complete regulations pertaining to claims asserted under the Federal Tort Claims Act can be found in Title 28, Code of Federal Regulations, Part 14. Many agencies have published supplemental regulations also. If more than one agency is involved, please state each agency.

The claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing express authority to act for the claimant. A claim presented by an agent or legal representative must be presented in the name of the claimant. If the claim is signed by the agent or legal representative, it must show the title or legal capacity of the person signing and be accompanied by evidence of his/her authority to present a claim on behalf of the claimant as agent, executor, administrator, parent, guardian or other representative.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in Item 12 of this form.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of the claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

PROPERTY, PERSONAL INJURY, OR DEATH ALLEGED TO HAVE OCCURRED BY REASON OF THE INCIDENT. THE CLAIM MUST BE PRESENTED TO THE APPROPRIATE FEDERAL AGENCY WITHIN TWO YEARS AFTER THE CLAIM ACCRUES.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

(d) Failure to completely execute this form or to supply the requested material within two years from the date the allegations accrued may render your claim "invalid". A claim is deemed presented when it is received by the appropriate agency, not when it is mailed.

Failure to specify a sum certain will result in invalid presentation of your claim and may result in forfeiture of your rights.

Public reporting burden for this collection of information is estimated to average 15 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden,

to: Director, Torts Branch

Civil Division
U.S. Department of Justice
Washington, DC 20530

and to the
Office of Management and Budget
Paperwork Reduction Project (1105-0008)
Washington, DC 20503

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

15. Do you carry accident insurance? Yes, if yes, give name and address of insurance company /Number, street, city, State, and Zip Code/ and policy number. No

NIA

16. Have you filed claim on your insurance carrier in this instance, and if so, is it full coverage or deductible?

17. If deductible, state amount

NIA

NIA

18. If claim has been filed with your carrier, what action has your insurer taken or proposes to take with reference to your claim? (It is necessary that you ascertain these facts)

NIA

19. Do you carry public liability and property damage insurance? Yes, if yes, give name and address of insurance company /Number, street, city, State, and Zip Code/ No

NIA

WHEN THIS COPY CARRIES THE RAISED SEAL OF THE DOUGLAS COUNTY HEALTH DEPARTMENT VITAL STATISTICS SECTION, IT CERTIFIES THIS TO BE A TRUE COPY OF THE ORIGINAL RECORD ON FILE WITH THE DOUGLAS COUNTY HEALTH DEPARTMENT VITAL STATISTICS SECTION, WHICH IS THE LEGAL DEPOSITORY FOR VITAL RECORDS.

DATE ISSUED
06/28/2007
DOUGLAS COUNTY

RS
Al H. Pow, Ph.D.
ADIPOUR
DOUGLAS COUNTY REGISTRAR
DOUGLAS COUNTY HEALTH DEPARTMENT

STATE OF NEBRASKA - DEPARTMENT OF HEALTH AND HUMAN SERVICES FINANCE AND SUPPORT
CERTIFICATE OF DEATH

07 00367

1. DECEDENT'S NAME (First, Middle, Last, Suffix)	2. SEX Male	3. DATE OF DEATH (Mo., Day, Yr.) March 28, 2007			
4. CITY AND STATE OR TERRITORY OR FOREIGN COUNTRY OF BIRTH Buffalo, New York		5. AGE - Last Birthday (Yrs.) 42	6. UNDER 1 YEAR Mo. Days 000. 000	7. UNDER 1 DAY Hours Minutes 000. 000	8. DATE OF BIRTH (Mo., Day, Yr.) June 7, 1964
9. ROOM SECURITY NUMBER 087-83-0738		10. PLACE OF DEATH HOSPITAL		<input type="checkbox"/> Inpatient <input type="checkbox"/> Other <input type="checkbox"/> Nursing Home/LC <input type="checkbox"/> Hospital Facility <input type="checkbox"/> ER/Outpatient <input type="checkbox"/> Decedent's Home <input type="checkbox"/> D.O.A. <input type="checkbox"/> Other (Specify)	
11. FACILITY NAME (if in a hospital, give street and number) 13311 Woodlawn Ave.		12. COUNTY OF DEATH Douglas		13. COUNTY OF DEATH Douglas	
14. CITY OR TOWN OF DEATH (Name, Zip Code) Omaha 68144		15. CITY OR TOWN Omaha		16. CITY OR TOWN Omaha	
17. STREET AND NUMBER 13311 Woodlawn Ave.		18. APT. NO. 88144		19. INSIDE CITY LIMITS <input type="checkbox"/> Yes <input type="checkbox"/> No	
20. MARRITAL STATUS AT TIME OF DEATH <input type="checkbox"/> Married <input type="checkbox"/> Never Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Unknown		21. NAME OF SPOUSE (First, Middle, Last, Suffix) If wife, give maiden name Christine Mary Good		22. DATE (Mo., Day, Yr.) April 4, 2007	
23. FATHER'S NAME (First, Middle, Last, Suffix)		24. MOTHER'S NAME (First, Middle, Last, Suffix)		25. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) Wife	
26. DATE OF BIRTH (Mo., Day, Yr.) Yes, 01/24/1963-11/12/1963		27. CHRISTIAN NAME AND BAPTISMAL NAME OF MOTHER AT BIRTH, IF KNOWN Christine Mary Coggins		28. DATE (Mo., Day, Yr.) April 4, 2007	
29. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Burial - Cremation <input type="checkbox"/> Burial <input type="checkbox"/> Cremation - Burial <input type="checkbox"/> Cremation <input type="checkbox"/> Removal <input type="checkbox"/> Other (Specify)		30. CASKET-MERIT, CINERARY OR OTHER LOCATION Burial, Hills Cemetery		31. LICENSE NO. 1343	
32. DEATH CERTIFICATE NUMBER AND MAILING ADDRESS John T. Gandy, M.D., F.A.C.P., F.A.C.C., F.A.C.P. 1010 N. 12th Street, Omaha, NE 68101		33. CITY/TOWN Omaha		34. STATE Nebraska	
CAUSE OF DEATH (List all contributing factors, if any)					
35. PART I: Brief description of the cause or causes of death, including the date of death, DO NOT overlengthen entries such as "died after prolonged illness, or prolonged condition which shows no change, DO NOT abbreviate, Enter step one cause one line, Add more information in comments					
IMMEDIATE CAUSE Mixed Drug Toxicity Due To Phenacetin And Methadone					
36. DATE (Mo., Day, Yr.) April 4, 2007					
37. DUE TO OR AS A CONSEQUENCE OF: a)					
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DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF REGIONAL COUNSEL
1 JEFFERSON BARRACKS DRIVE, BLDG. NO. 25
ST. LOUIS, MISSOURI 63125-4185
Telephone (314) 845-5050
Telefacsimile (314) 845-5057

COPY

CERTIFIED MAIL / RETURN RECEIPT REQUESTED

October 15, 2008

In Reply Refer To: GCL-657S-54369

Christine Good
13318 Woolworth Avenue
Omaha, Nebraska 68144

SUBJ: Administrative Tort Claim.
Claimant: Christine M. Good
Veteran: Daniel M. Coggins

Dear Ms. Good,

We have completed our investigation of the Administrative Tort Claim received in this office on March 22, 2007, filed on behalf of Daniel M. Coggins, wherein you claim that the Department of Veterans Affairs (VA) negligently failed to treat Mr. Coggin's ankle requiring amputation and also inappropriately administered medication causing Mr. Coggin's unfortunate demise.

This office has exhaustively reviewed the treatment and services provided by the Omaha VAMC providers. The finished investigation included interviews with medical personnel involved in Mr. Coggins' care at the Omaha VAMC. The investigation revealed no evidence to demonstrate that Mr. Coggins' VA medical care was negligently undertaken. Consequently, the above tort claim is denied. Additionally, we requested documentation authenticating your representational capacity to file this claim on behalf of Mr. Coggins. Our office never received this verification. Therefore this claim is also denied based upon the inability to establish representational capacity.

If you are dissatisfied with this decision, you may file a request for reconsideration of this claim with the VA General Counsel by any of the following means: (1) mail the request to the Department of Veterans Affairs, General Counsel (021B), 810 Vermont Avenue, N.W., Washington, DC 20420; (2) file the request by data facsimile (fax) to (202) 273-6385; or (3) e-mail the request to OGC.torts@mail.va.gov. To be timely filed, this request must be received by the VA prior to the expiration of six (6) months from the date of the mailing of this final decision. Upon filing such a request for reconsideration, the Department of Veterans Affairs shall have six (6) months from the date of that filing in which to make final disposition of the claim, and the option to file suit in an appropriate United States District Court under Title 28, United States Code, Section 2675(a) shall not accrue until six (6) months after the filing of such request for reconsideration (Title 28, Code of Federal Regulations, Section 14.9).

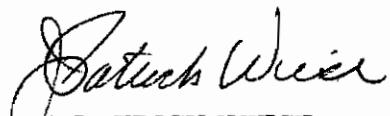


Page 2

Administrative Tort Claim
Daniel Coggins, Deceased Veteran
Christine M. Good, Claimant
GCL-657S-5439

In the alternative, if you are dissatisfied with the action taken on this claim, you may file suit in accordance with the Federal Tort Claims Act, Title 28, United States Code, Sections 1346(b) and 2671-2680, which provide that a tort claim that is administratively denied may be presented to a Federal District Court for judicial consideration. Such a suit must be initiated within six (6) months after the date of the mailing of this notice of final denial as shown by the date of this letter (Title 28, United States Code, Section 2401 (b)). If you do initiate such a suit, you are further advised that the proper party defendant is the United States, not the VA.

Sincerely,



J. PATRICK WIESE
Regional Counsel

CLAIM FOR DAMAGE, INJURY, OR DEATH		INSTRUCTIONS: Prepare in ink or typewriter. Please read carefully the instructions on the reverse side and supply information requested on both sides of this form. Use additional sheet(s) if necessary.		OM and R Approval No. 80-M111
1. SUBMIT TO: Dept. of Veterans Affairs Medical Center 4101 Woolworth Avenue Omaha, NE 68105		2. NAME AND ADDRESS OF CLAIMANT (Number, street, city, State, and Zip Code) Christine M. Good-Coggins, Surviving Spouse & Personal Representative of Estate of Daniel M. Coggins 13318 Woolworth Ave., Omaha, NE 68144		
3. TYPE OF EMPLOYMENT <input checked="" type="checkbox"/> MILITARY <input type="checkbox"/> CIVILIAN	4. AGE 42	5. MARITAL STATUS M	6. NAME AND ADDRESS OF SPOUSE, IF ANY (Number, street, city, State, and Zip Code) Christine M. Good-Coggins 13318 Woolworth Ave. Omaha, NE 68144	
7. PLACE OF ACCIDENT (Give city or town and State; if outside city limits, indicate mileage or distance to nearest city or town) Dept. of Veterans Affairs Medical Center 4101 Woolworth Ave. Omaha, Douglas County, NE 68105		8. DATE AND DAY OF ACCIDENT 3/27/07 - 3/29/07		9. TIME (A.M OR P.M) 3/27/07 AM 3/29/07 AM
10. AMOUNT OF CLAIM (in dollars) A. PROPERTY DAMAGE B. PERSONAL INJURY C. WRONGFUL DEATH D. TOTAL \$1,750,000.00 \$1,750,000.00				
11. DESCRIPTION OF ACCIDENT (State below, in detail, all known facts and circumstances attending the damage, injury, or death, identifying persons and property involved and the cause thereof)				
See Attached				
12. PROPERTY DAMAGE NAME AND ADDRESS OF OWNER, IF OTHER THAN CLAIMANT (Number, street, city, State, and Zip Code)				
BRIEFLY DESCRIBE KIND AND LOCATION OF PROPERTY AND NATURE AND EXTENT OF DAMAGE (See instructions on reverse side for method of substantiating claim)				
13. PERSONAL INJURY STATE NATURE AND EXTENT OF INJURY WHICH FORMS THE BASIS OF THIS CLAIM				
14. WITNESSES NAME ADDRESS (Number, street, city, State, and Zip Code)				
I CERTIFY THAT THE AMOUNT OF CLAIM COVERS ONLY DAMAGES AND INJURIES CAUSED BY THE ACCIDENT ABOVE AND AGREE TO ACCEPT SAID AMOUNT IN FULL SATISFACTION AND FINAL SETTLEMENT OF THIS CLAIM				
15. SIGNATURE OF CLAIMANT (This signature should be used in all future correspondence) <i>Christine M. Good-Coggins</i>		16. DATE OF CLAIM 3/20/09		
CIVIL PENALTY FOR PRESENTING FRAUDULENT CLAIM The claimant shall forfeit and pay to the United States the sum of \$2,000, plus double the amount of damages sustained by the United States. (See R.S. §490, 5438; 31 U.S.C. 231.)		CRIMINAL PENALTY FOR PRESENTING FRAUDULENT CLAIM OR MAKING FALSE STATEMENTS Fine of not more than \$10,000 or imprisonment for not more than 5 years or both. (See 62 Stat. 698, 749; 18 U.S.C. 287, 1001.)		

EXHIBIT

4

INSTRUCTIONS

Complete all items—Insert the word **NONE** where applicable

Claims for damage to or for loss or destruction of property, or for personal injury, must be signed by the owner of the property damaged or lost or the injured person. If, by reason of death, other disability or for reasons deemed satisfactory by the Government, the foregoing requirement cannot be fulfilled, the claim may be filed by a duly authorized agent or other legal representative, provided evidence satisfactory to the Government is submitted with said claim establishing authority to act.

If claimant intends to file claim for both personal injury and property damage, claim for both must be shown in item 10 of this form. Separate claims for personal injury and property damage are not acceptable.

The amount claimed should be substantiated by competent evidence as follows:

(a) In support of claim for personal injury or death, the claimant should submit a written report by the attending physician, showing the nature and extent of injury, the nature and extent of treatment, the degree of permanent disability, if any, the prognosis, and the

period of hospitalization, or incapacitation, attaching itemized bills for medical, hospital, or burial expenses actually incurred.

(b) In support of claims for damage to property which has been or can be economically repaired, the claimant should submit at least two itemized signed statements or estimates by reliable, disinterested concerns, or, if payment has been made, the itemized signed receipts evidencing payment.

(c) In support of claims for damage to property which is not economically repairable, or if the property is lost or destroyed, the claimant should submit statements as to the original cost of the property, the date of purchase, and the value of the property, both before and after the accident. Such statements should be by disinterested competent persons, preferably reputable dealers or officials familiar with the type of property damaged, or by two or more competitive bidders, and should be certified as being just and correct.

Any further instructions or information necessary in the preparation of your claim will be furnished, upon request, by the office indicated in item #1 on the reverse side.

INSURANCE COVERAGE

In order that subrogation claims may be adjudicated, it is essential that the claimant provide the following information regarding the insurance coverage of his vehicle or property.

17. DO YOU CARRY ACCIDENT INSURANCE? YES, IF YES, GIVE NAME AND ADDRESS OF INSURANCE COMPANY (*Number, street, city, State, and Zip Code*) AND POLICY NUMBER. NO

Not Applicable

18. HAVE YOU FILED CLAIM ON YOUR INSURANCE CARRIER IN THIS INSTANCE, AND IF SO, IS IT FULL COVERAGE OR DEDUCTIBLE?	19. IF DEDUCTIBLE, STATE AMOUNT
--	---------------------------------

Not Applicable

Not Applicable

20. IF CLAIM HAS BEEN FILED WITH YOUR CARRIER, WHAT ACTION HAS YOUR INSURER TAKEN OR PROPOSES TO TAKE WITH REFERENCE TO YOUR CLAIM? (*It is necessary that you ascertain these facts*)

Not Applicable

21. DO YOU CARRY PUBLIC LIABILITY AND PROPERTY DAMAGE INSURANCE? YES, IF YES, GIVE NAME AND ADDRESS OF INSURANCE CARRIER (*Number, street, city, State, and Zip Code*) NO

Not Applicable

11. Description of Accident:

On March 27, 2007, Daniel M. Coggins was seen by medical personnel employed by the Department of Veterans Affairs Medical Center located at 4101 Woolworth Avenue, Omaha, Douglas County, Nebraska to re-establish care with the Department of Veterans Affairs Medical Center. On that date, he was prescribed medications. On the morning of March 29, 2007, Daniel M. Coggins was found unresponsive in his home. The cause of death was attributed to mixed drug toxicity. The death of Daniel M. Coggins, was preventable if, in fact, Daniel M. Coggins would have been properly evaluated and cared for while seen as a patient at the Department of Veterans Affairs Medical Center on March 27, 2007. Employees and medical personnel of the Department of Veterans Affairs Medical Center were negligent in failing to properly evaluate Daniel M. Coggins; in failing to properly prescribe the correct medication to Daniel M. Coggins; and/or in failing to provide proper written instructions on the proper dose of medications.

As a result of the negligence of the employees and medical personnel at the Department of Veterans Affairs Medical Center, Daniel M. Coggins took the recommended dosage of medications as prescribed on March 27, 2007, and he passed away on March 29, 2007.



DEPARTMENT OF VETERANS AFFAIRS
OFFICE OF REGIONAL COUNSEL
1 JEFFERSON BARRACKS DRIVE
SAINT LOUIS, MISSOURI 63125
TELEPHONE: (314) 845-5050
FACSIMILE: (314) 845-5057

March 30, 2009

In Reply Refer To: GCL-657S-54369

Andrew D. Sibbernse
Law Offices of Sibbernse & Strigenz, P.C.
Westroads Office Park
1111 N. 102nd Court, Suite 330
Omaha, Nebraska 68114

SUBJ: Administrative Tort Claim
Claimant: Christine M. Good-Coggins
Veteran: Daniel M. Coggins, deceased

Dear Mr. Sibbernse:

This office is in receipt of your correspondence dated March 20, 2009, and Standard Form 95 (SF95), Claim for Damage, Injury or Death, also dated March 20, 2009, that you have submitted on behalf of your client, Christine M. Good-Coggins, for the alleged wrongful death of Daniel Coggins in the total amount of \$1,750,000.00.

This letter is to inform you that a prior administrative tort claim was filed with the Department of Veterans Affairs by Christine M. Good-Coggins on behalf of Daniel Coggins for alleged personal injury on March 22, 2007. Subsequently, on July 19, 2007, Ms. Good-Coggins filed an amended claim with this office to include wrongful death of Mr. Coggins. Both claims were investigated by this office and upon finding no evidence of negligent actions by the Department, a denial of the administrative tort claim was issued on October 15, 2008. The appeal rights were explained to the claimant in the denial letter and she was informed that she had six months from the date of denial to file a request for reconsideration or file suit (a copy of this denial is enclosed for your reference). As this matter has previously been investigated at the administrative level, we will not be opening a new case or investigating this matter any further.

Sincerely,

A handwritten signature in black ink, appearing to read "J. Patrick Wiese".
J. PATRICK WIESE
Regional Counsel

Enclosure